



## PROJECT CONTACT INFORMATION FORM FY 2014 CDBG PROGRAM APPLICATION PROCESS

If the proposed project is funded, this form will be used to facilitate correspondence with the Project Agency's staff. The individual listed as the Program Contact should be able to respond to questions regarding the programmatic activities and reports. The individual listed as the Fiscal Contact should be able to respond to questions regarding the fiscal activities and reports. **Submit a new form each time any of the listed information is revised during the approved contract period. If there is a change of address, your agency MUST submit a revised form to the CDBG Program Office, in order for reimbursement payments to be issued properly.**

PLEASE TYPE OR PRINT

AGENCY: \_\_\_\_\_  
PROJECT: \_\_\_\_\_

### GENERAL CORRESPONDENCE CONTACT:

NAME: _____	PHONE: _____
TITLE: _____	FAX: _____
MAILING ADDRESS: _____	
EMAIL ADDRESS: _____	

### PROJECT ADDRESS:

<u>FIRST ADDRESS:</u>	<u>SECOND ADDRESS:</u>
_____	_____
_____	_____
(For additional project sites, please attach a separate sheet.)	

### PROGRAM CONTACT:

<u>PRIMARY</u>	<u>ALTERNATE</u>
NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
PHONE: _____	PHONE: _____
FAX: _____	FAX: _____
EMAIL: _____	EMAIL: _____

### FISCAL CONTACT:

<u>PRIMARY</u>	<u>ALTERNATE</u>
NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
PHONE: _____	PHONE: _____
FAX: _____	FAX: _____
EMAIL: _____	EMAIL: _____